Docket No.: 115975

## APPLICATION FOR UNITED STATES PATENT **DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

(if plural inventors METHODS AND	are named below) of the	ne subject matter which is cl	aly one name is listed below) or an on a laimed and for which a patent is sound to the sound to	ight on the invention entitled:
Check one				
*a. 🗵 b. 🗀	attached hereto. filed on as Appl	lication No and amend	ded on(if applicable).	
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, amended by any amendment referred to above.				
	vledge the duty to disclo l Regulations, §1.56.	se to the Office all informati	ion known to me to be material to pa	atentability as defined in Title
			following foreign application(s) and one year prior to this application are	
States of America		year prior to this application	ate on this invention were filed in con, or (b) before the filing date of the	
-	ransact all business in th James A. C Kirk M. H	e Patent Office: Dliff, Reg. No. 27,075; Willi udson, Reg. No. 27,562; The	with full power of substitution and am P. Berridge, Reg. No. 30,024; omas J. Pardini, Reg. No. 30,411; Robert A. Miller, Reg. No. 32,771;	revocation to prosecute this
ALL CODDESDO	Joel S. Armsti Richard	rong, Reg. No. 36,430; Chri E. Rice, Reg. No. 31,560; P Eric D. Morehouse, l	Stephen J. Roe, Reg. No. 34,463; stopher W. Brown, Reg. No. 38,029 aul Tsou, Reg. No. 37,956; and Reg. No. 38,565. PLICATION SHOULD BE SENT	
		VIRGINIA 22320, TELEP		10 OLIFF & BERRIDGE,
own knowledge ar were made with th	e true and that all staten e knowledge that willful tle 18 of the United Stat	nents made on information at false statements and the lik	ents of this Declaration, and that all nd belief are believed to be true; and e so made are punishable by fine or l false statements may jeopardize the	I further that these statements imprisonment, or both, under
Typewritten Full Name of First or Sole Inventor		Vidya		VENKATACHALAM
**Inventor's Si	gnature:	Given Name	Middle Initial	Family Name
**Date of Sign	ature:	L AUGUST	01	એ ૫૦૩
		Month	Day	Year
Residence:	Bell	evue	Washington	U.S.A
Citizenship:	C India	ity	State or Province	Country
-	Post Office Address: (Insert complete mailing address,	420 Bellevue Way SE #102		
	including country)	Bellevue, WA 98004, U.S.	S.A	
**CD ( )				

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\*\*Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE

<sup>\*</sup>If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).